

Registration Form *New Hampshire Technical Institute (NHTI)*

The Center for Training & Business Development (CTBD)

Date : _____

Name: _____

Daytime Phone (____) _____ Ext. _____

Address: _____

Home Phone: (____) _____ Cell: _____

EMAIL: _____

City: _____ State: _____ Zip: _____ Fax: (____) _____

Guardian ad Litem Training - Fall 2006

Course(s)	Date(s) / First Choice	Date(s) / Second Choice	Tuition
Total			

- ☐ Check
 - ☐ Credit Card - Charge to: MasterCard / VISA / Discover
- Signature _____

Account # _____

Expiration Date ____/____/____

V-Code (on back) ____/____/____

Mail registration form and make payment to: *New Hampshire Technical Institute - CTBD, 31 College Drive, Concord NH 03301*

Fax your registration form to: (603) 271-6667

I understand by registering for courses at NHTI, I am financially obligated for **ALL** costs related to the registered course(s). If I do not make payment in full, I understand my account may be reported to the credit bureau and/or turned over to an outside collection agency. I also understand I will be responsible for the costs of the outside collection agency and/or any legal fees. Signature: _____

Registration:

Please call (603)-271-6663 if you have any questions regarding the registration process and/or need directions to the campus. You will receive confirmation.

Refund Policy:

If you need to cancel your registration, please do so within three business days in order to be eligible for a refund.